The City of Takoma Park Recreation Department 7500 Maple Avenue, Takoma Park, MD 20912 **Facility Use Application** 301-891-7290 www.tprecreation.org

Program or Event Name:		Number of Attendees Expected:
Description of Event:		
Date(s):	Tim	e:
		ease be sure to include time for set up & clean up
Organization:		
Address:	City/St/Zip	
Phone Number: Work	Home:	Fax:
Please circle: R= city resident	NR= non city resident C = con	nmercial user
Will food be served? Ye	es No If yes*, catered or self-	-prepared?
Equipment required: 6 ft Tables	- how many?Chairs - ho	w many?
Rose Room (capacity 17)Lilac Room (capacity 17)Forsythia Room (capacity Hydrangea Room (capacity 4)*Azalea Room (capacity 200) Takoma Park Recreation Center:*Gym (capacity 294)Back Meeting Room (capacity 294)Back Meeting Room (capacity 294)*Back Meeting Room (capacity 294)	R \$10 NR \$35 C \$55 18) R \$10 NR \$35 C \$55 by 29)R \$10 NR \$35 C \$55 comparison of the comparison of	beverages allowed.) a Park, MD 20912 (Rate is per hour) *\$50 security deposit required Check or Money Order Only 5 42 Oswego Avenue, Takoma Park, MD 20912 any Aves) R /NR\$15 aves.) R /NR\$15 nd Elm Aves.) R /NR\$15
participants conduct themselves in an o sold. I certify that this event is not a fu City Manager. I also hereby assume all	ndraiser and that no admission will be charge liability and agree that no claim or demand v	iction of the original condition. I will see that all lice beverages or illegal substances will be consumed or ed, unless written approval is issued in advance by the will be made against the City of Takoma Park, or any to, during or after use of the requested facility(ies.)
	Signature of Applicant:	
For Center Staff Use Only: Date Reco	eived:TimeStaff initials: = Total rental fee	Staff initials: